

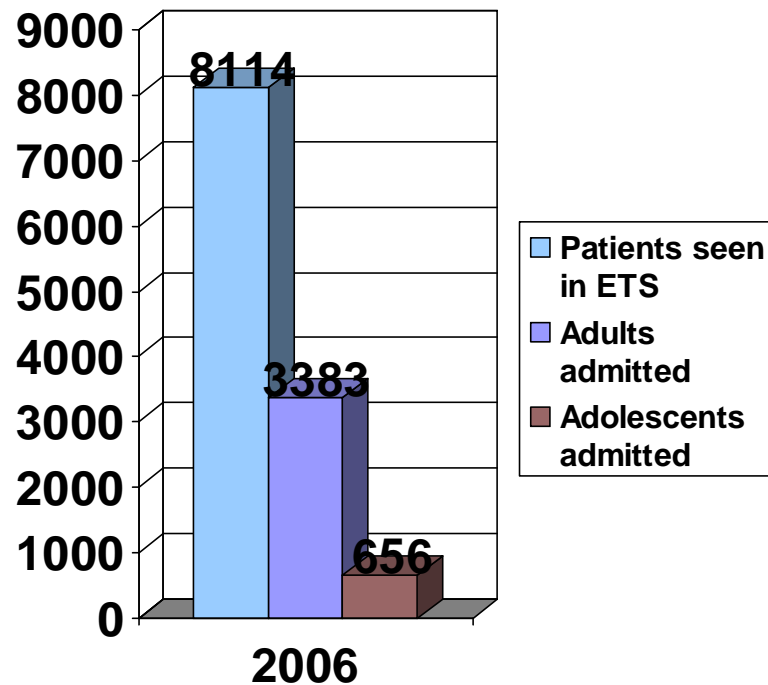
# Riverside County Regional Medical Center

Department of Psychiatry,  
Arlington Campus,  
5150 Designated Facility

# Patient Units

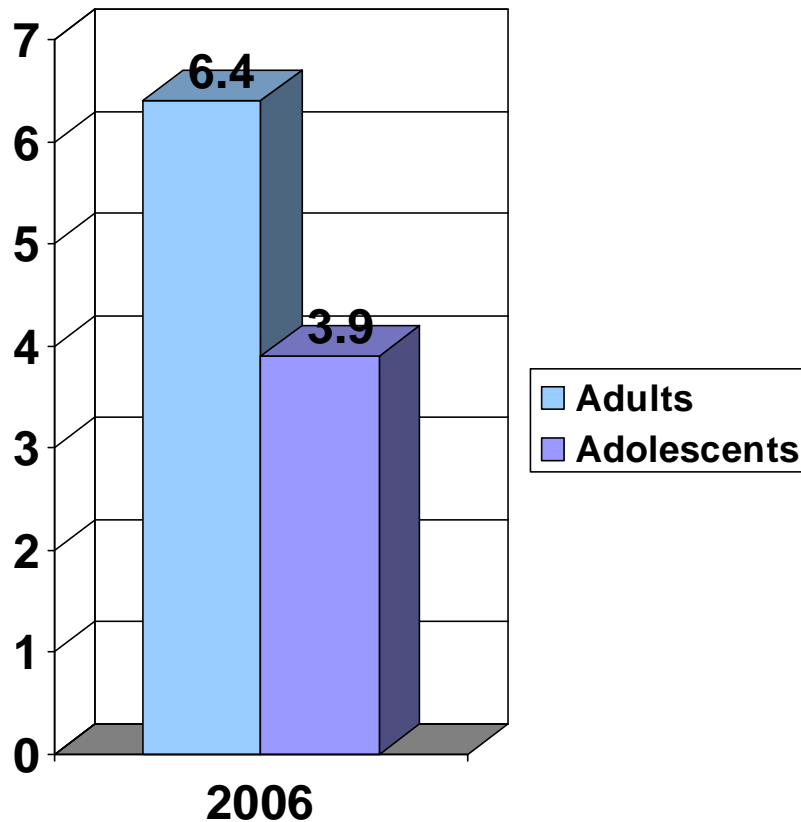
- Inpatient – 77 beds
  - Unit A (adult, high acuity) – 9 beds
    - 3 seclusion/restraint beds
  - Unit B (adult) – 28 beds
  - Unit C (adult) – 28 beds
  - Unit D (adolescent) – 12 beds
    - 2 seclusion/restraint beds
- ETS – 7 beds, 14 geri chairs
  - 2 seclusion/restraint beds

# ETS Patients



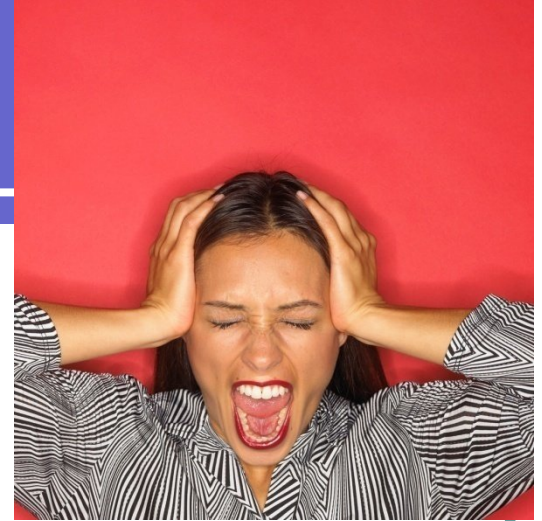
- Of the 8,114 patients seen in ETS, 50% (4039) were admitted.
- Of the patients admitted, 84% were adults; 16% were adolescents

# Average Length of Stay



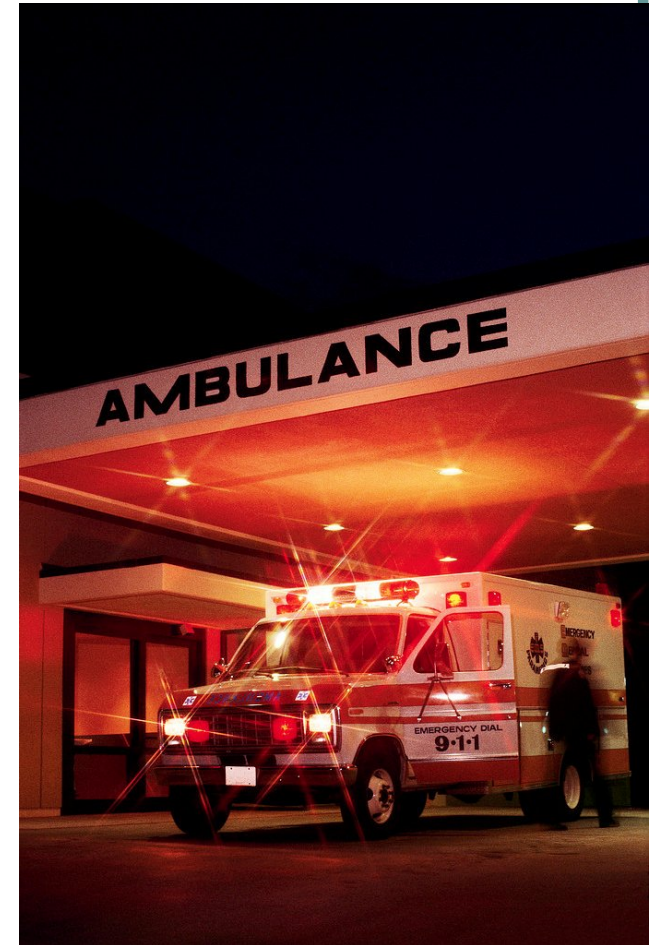
- The inpatient social services department works in collaboration with DOMH to find placement. This has proven to be difficult, as the resources available do not adequately meet the needs of the population.

## WELFARE INSTITUTION CODE SECTION 5150:



**According to the WIC, Section 5150  
a person suffering from a mental disorder  
and who is considered a danger to  
him/herself or others; or is gravely disabled  
can be taken to and placed in a designated  
Mental Health Facility for up to 72-hours  
treatment and evaluation.**

**The 5150 process can be executed by a peace officer, a member of the attending staff, a designated member of a mobile crisis team (*according to Section 5651.7*) or other professional person designated by the county.**





# **5150 is an APPLICATION for a hold**

RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH  
WITH  
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
DEPARTMENT OF PSYCHIATRY  
2007

# Application Instructions

## **Job Application**

- Step 1 Office Assistant/Secretary takes application
- Step 2 Application Reviewed and completed
- Step 3 Make appt for interview
- Step 4 Interview Appointment Scheduled
- Step 5 Hiring Process

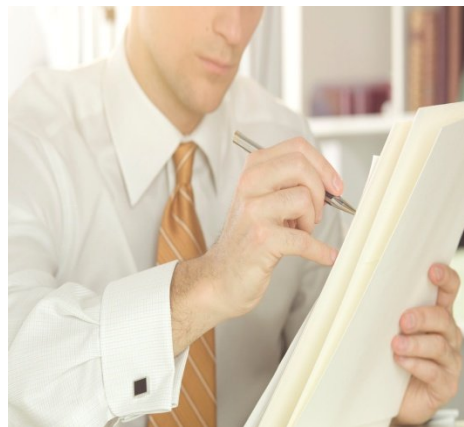
## **5150 Application**

- Step 1 Hospital Staff takes application 5150
- Step 2 Application Reviewed and Completed
- Step 3 Waiting to be seen by Psychiatrist
- Step 4 Interview/Assessment completed by doctor
- Step 5 Admit/transfer/discharge



# A 5150 is an APPLICATION

for a mental health hold



**When a mental health hold is executed, the hospital where the person detained is taken requires a written application.**


# Mini Quiz

- Who can identify the criteria for 5150 Application?
- Who can legally write a 5150 Application?



**This application must indicate under which circumstances the person's condition was brought to the officer's, member of the attending staff, or designated professional's attention.**





**The documentation shall include detailed information regarding the factual circumstances and observation constituting probable cause for the police officer to believe that the individual requires psychiatric evaluation under the standards of 5150.**

**It must also indicate what the probable cause was, which caused the reporting party to believe that the person was, as a result of mental illness, a danger to others, him/herself, or was gravely disabled.**



# Scenario I

The staff on duty in the residential home also works at a hospital in another city, and has many years of experience. She is very familiar with seeing people coming in to the hospital's ER.

**CAN SHE EXECUTE THE 5150 APPLICATION?**

## Scenario II

The administrator of the home is an RN and has many years experience providing care to patients with mental health diagnoses. She has told the staff that they must contact her when consumers are becoming agitated because she is very experienced in calming people down.

**CAN SHE EXECUTE THE 5150 APPLICATION?**

## Scenario III

The residential home staff used to work at ETS. He is very familiar and experienced with working with consumers who are brought to ETS on a 911 call.

**CAN HE EXECUTE THE 5150 APPLICATION?**



## Scenario IV

The officer who has responded to the 911 call at the residential home is in his rookie year, and this is his first 911 call to a residential home. The staff working that night each have a collective 24 years of experience in serving consumers who have a dual developmental disability/mental health diagnosis. Since the officer is a rookie, and they are very experienced, and really know the consumers.

**CAN THEY MAKE THE 5150 APPLICATION?**

If the probable cause is based on the statements of a person other than the officer, member of the attending staff , or professional person, the person shall be liable in a civil action for intentionally giving a statement which he or she knows to be false.



# DANGER TO SELF

To be considered a danger to self,  
Intent needs to be expressed to justify  
probable cause to believe the person is trying  
to harm him/herself.



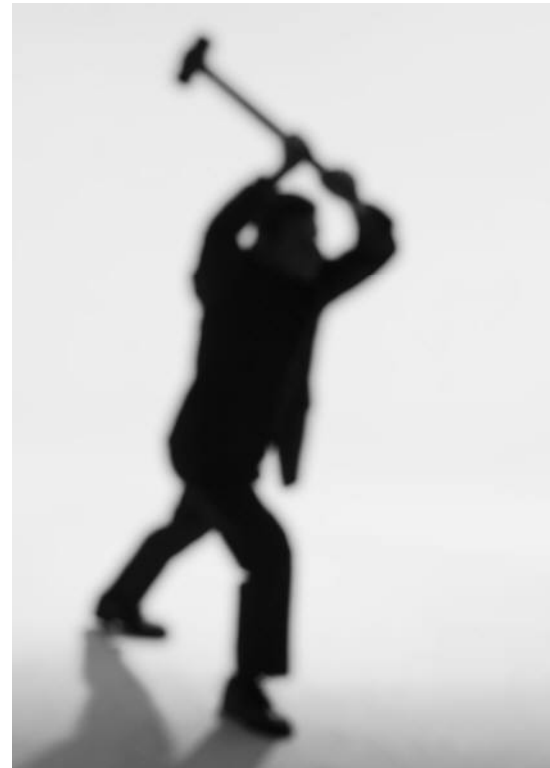
# EXAMPLE I

Person believes that he/she can LEAP from a tall building.



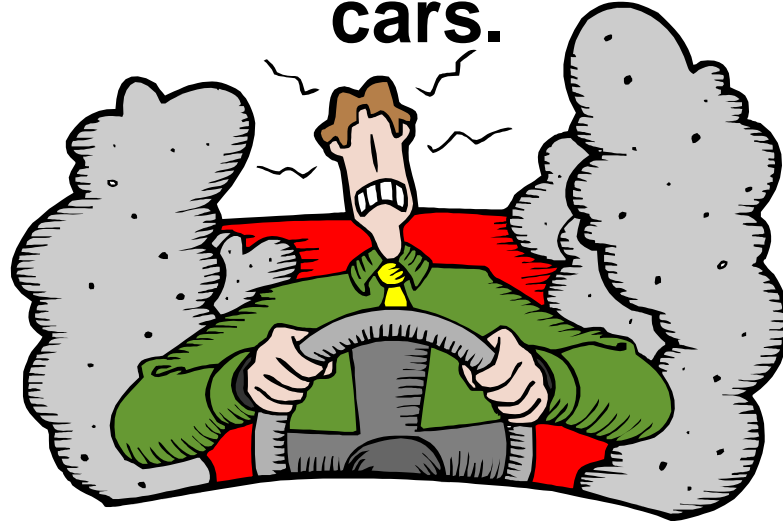
# DANGER TO OTHERS

**The 5150  
requires  
probable cause  
to believe that  
the person is a  
danger to  
others.**



## EXAMPLE

**The person believes God is telling him/her to drive down the freeway and run into blue cars.**



# DTS and DTO Medical Necessity Criteria

## MAUI

M = Means

A = Availability and/or access

U = Unwillingness (inability)

I = Intent

# **GRAVELY DISABLED**



**A condition in which a person , as a result of a mental disorder, is unable to provide for his or her basic personal needs, such as food , clothing or shelter.**

**WIC Section 5008h1 and 5008h1A and h3**



# Scenario I

The consumer comes into the kitchen and grabs some cookies you made for dessert off the cooling rack and puts them in his pocket. You ask him to give them back and he says no. You attempt to retrieve them from his pocket by putting your hand into his pocket. He backs away from you and slaps your face with an open hand and runs off to his room. You call 911 because you think he can't get away with hitting staff.

# Scenario I cont'd discussion

Is this an appropriate 911 call?

Why not?

Where is the probable cause that he is a danger to others?

Is he threatening anyone?

Can he provide for his personal needs?

Are his personal needs being provided for him?

(looks as if he was hungry and tried to eat)....

## Scenario II

The consumer walked away from the day program and was found wandering down the street. He has repeated this behavior twice in the past week. When the police picked him up, you tell them that he has no place to live and needs to go to ETS.

Is this an appropriate response?

Why? Why not?

## Scenario III

The consumer is throwing things at staff and peers in the group home. He is screaming and holding his ears but is not able to communicate his feelings or what is going on. You believe he has a history of hearing voices so you call 911 because he refuses to take medication.

Is this an appropriate 911 call?

# Gravely Disabled Minor

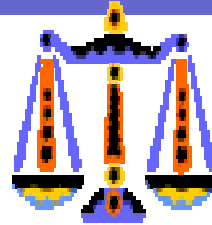
5585.25 - “Gravely disabled minor” means a minor who, as a result of a mental disorder, **is unable to use the elements of life which are essential to health, safety, and development, including food, clothing, and shelter**, even though provided to the minor by others. Mental retardation, epilepsy, or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder.



## ■ 6000 – VOLUNTARY PATIENTS

The superintendent or person in charge of the county psychiatric hospital may receive, care for, or treat in the hospital any person who voluntarily makes a written application to the superintendent or person in charge thereof for admission into the hospital for care, treatment or observation , and who is a suitable person for care, treatment, or observation, and who in the case of an **adult person** is in such condition of mind, at the time of making application for admission, as to render him competent to make such application.

# Legal Criteria



- W.I.C. 5150 – DTO/DTS/GD – 72 Hours
- W.I.C. 5250 - DTO/DTS/GD – Up to 14 days
- W.I.C. 5260 – DTS only – Up to 14 days
- W.I.C. 5300 - 180 Days Post-Certification – DTO only
- W.I.C. 5352.1 – T-Con not to exceed 30 days
- W.I.C. 5350 – Perm Conservatorship 1 year

## 14-Day Certification for Intensive Treatment

An individual who has been held on a seventy-two hour detention may be held for an additional fourteen days of intensive treatment if the professional staff of the designated facility has found that, due to a mental disorder, the individual is a danger to themselves, a danger to others, or gravely disabled and the person has been advised of the need for treatment, but has not been willing or able to accept it on a voluntary basis. **Two individuals must sign the notice of certification. One signatory may be another physician or psychologist or, if one is not available a licensed clinical social worker or registered nurse.**

- At the conclusion of the fourteen-day period, a patient must be:
- Released,
- Retained in the hospital voluntarily,
- Placed on an additional fourteen-day detention for suicidal persons,
- Placed on a one hundred eighty-day detention for demonstrably dangerous person, or
- Placed on a LPS conservatorship.



# The 14 Day Certification

## **DECISION TO CERTIFY THE PATIENT FOR 14 DAYS**

Prior to the expiration of the 72-hour treatment and evaluation period, and if the patient refused further hospitalization on a voluntary basis, he/she must either be released or certified for 14 days of intensive treatment. The person may be certified before the expiration of the 72-hour period, but the 14-day certification period begins on the day the person is certified. Certification prior to the expiration of the initial 72 hours, in effect, reduces the total time that a person may be detained. A person may also be certified after an intervening period of voluntary that occurs after the 72 hour hold. Should this situation develop, the time spent as a voluntary patient is subtracted from the 14-day certification period, **so that the total time of hospitalization does not exceed 17 days (72-hour plus 14 day certification), without additional legal measures being initiated**, Welfare & Institutions Code Section 5250 sets forth the grounds for certification.

# Notice of Certification

## **Selection and Justification of Commitment Criteria**

When a decision is made to certify the patient for up to 14 additional days of treatment, the physician should so note in the “physician’s orders” section of the medical record. As an example, the physician may write, “certify patient per Section 5250 as danger to self and gravely disabled.” The physician may then compose the text of the Notice and submit it to the Legal Section for typing, or simply write the Notice in long hand.

The commitment criteria becomes the basis on which the patient will continue to be detained involuntarily and consideration should be given as to which of the legal standards, if any apply. The selection of the one(s) applicable should be made with discernment.

### **Only those, which can be demonstrated as applicable at the present time, should be used.**

Some discussion of the three criteria may be helpful. “Gravely disabled” is defined as a condition in which a person, **as a result of a mental disorder**, is unable to provide for his or her basic personal needs for food, clothing or shelter. **Note that the person must be unable to provide for basic personal needs as a result of a mental disorder. Inability to provide for needs is not sufficient. Neither is refusal of treatment, evidence of grave disability,** nor does the term encompass immaturity or unusual or nonconformist lifestyles. Danger to self and danger to others have been narrowly defined by the courts to mean “a demonstrated danger of substantial physical harm” and danger that is “imminent” or “immediate”. In addition the danger to self or others must be physical, not psychological or social harm. An individual is not a danger to self because he/she engages in behavior that a provider thinks is not beneficial, nor is a person a danger to self because of behavior that may eventually result in harm, even grave harm. The danger must be present, immediate, substantial, physical, and demonstrable.

**Although it is often true that the admitting criteria used on the application for 72-hour treatment and evaluation is still valid at the expiration of this initial period, it should not be assumed that the criteria used for admission automatically applies to the certification process.**

**5325.1 Same rights and responsibilities guaranteed others; discrimination by program or activities receiving public funds; additional rights.**

**Persons with mental illness have the same legal rights and responsibilities guaranteed all other persons by the Federal Constitution and laws and the Constitution and laws of the State of California, unless specifically limited by federal or state law or regulations.** No otherwise qualified person by reason of having been involuntarily detained for evaluation or treatment under provisions of this part or having been admitted as a voluntary patient to any health facility, as defined in Section 1250 of the Health and Safety Code, in which psychiatric evaluation or treatment is offered shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, which received public funds.

It is the intent of the legislature that persons with metal illness shall have rights including, but not limited to, the following:

- (a) A right to treatment services which promote the potential of the person to function independently. Treatment should be provided in ways that are least restrictive of the personal liberty of the individual.
- (b) A right to dignity, privacy, and humane care.
- (c) A right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect. Medication shall not be used as punishment, for the convenience of staff, as a substitute for program, or in quantities that interfere with the treatment program.

# LEGAL MENTAL CAPACITY

## 813. Capacity to give informed consent to proposed medical treatment; judicial determination

**(a) For purposes of a judicial determination, a person has the capacity to give informed consent to a proposed medical treatment if the person is able to do all of the following:**

1. Respond knowingly and intelligently to queries about that medical treatment.
2. Participate in that treatment decision by means of a rational thought process.
3. Understand all of the following items of minimum basic medical treatment information with respect to that treatment:
  - A. The nature and seriousness of the illness, disorder, or defect that the person has.
  - B. The nature of the medical treatment that is being recommended by the person's health care providers.
  - C. The probable degree and duration of any benefits and risks of any medical intervention that is being recommended by the person's health care providers, and the consequences of lack of treatment.
  - D. The nature, risks, and benefits of any reasonable alternatives.

**(b) A person who has the capacity to give informed consent to a proposed medical treatment also have the capacity to refuse consent to that treatment.**

# Cultural Clashes in Co-Occurring Disorders: Clinical Dilemmas in Assessment and Treatment

## Polarized Perspectives about Presenting Problems

### 4 P's

- **Psychiatric Disorders**-not all behavioral problems are symptoms of a mental illness
- **Psychopharmacology**-medications often necessary can help to relieve some psychiatric symptoms and to decrease some aggressive behavior.
- **Process**-often no quick, easy answer to decide behavioral versus psychiatric versus dual diagnosis.
- **Psychosocial Approach**- take more time to consider the multi-facets of the client before making a decision for 5150.

Adapted and revised from: David Mee-Lee, MD

Cultural Clashes in Co-Occurring Disorders

# Tactical Communication

- A. **Use of Self**: You can be the **Bridge**  
*wtr*  
*ae*
- B. **Tactical Law**: You get 7-12 seconds to verbally take control of a situation:  
When they're upset, people will give you Intel about how to handle them.
- C. **Bad Language**: Bad Language is a tactic used by people to tick other people off....  
We want to find ways to not let it affect us.
- D. **Aggressive Behavior**: is a tactic used by people to frighten/ harm others...  
We want to find ways to prevent it from affecting us. This includes causing physical injury and property damage.
- E. **Our Identity** Know you own weaknesses and build a trigger guard.
  - 1. Define your weakness (what is it)
  - 2. Name it (he who challenges my authority)
  - 3. Own it (to give yourself an internal alarm system)
- F. **Law of Closure**: Leave people better than you find them or at least better than they are at their worst.

# Principles of Motivational Interaction

- **Express empathy** – “accurate empathy” (Carl Rogers) and acceptance.
- **Develop discrepancy** – between present behavioral and goals of what the client wants.
- **Avoid argumentation** - avoid head-to-head confrontations.
- **Roll with resistance** – “psychological judo” (Jay Haley) client as a valuable resource in finding solutions; perceptions can be shifted.
- **Support self-efficacy** – client is responsible for choosing and carrying out personal change; belief in the possibility of change is powerful motivator.

Revised and Adapted from Miler and Rollnick  
Preparing People for Change.

# Rule for Life

All lessons are repeated until learned. A lesson will be presented to you in various forms until you have learned it; only then can you go to the next lesson.

The next lesson may be that the lesson you just learned was wrong!





Questions  
Comments  
Feedback

